The Government proposes to initiate and implement a "National Programme for the Prevention and Control of Diabetes, Cardio-vascular diseases (CVD) and stroke" to reduce the adverse health impact of diabetes, heart diseases and Stroke. Under this proposed National Programme IEC will be one of the major components to sensitise the public about the dangerous effect of these diseases and the need for prevention.

Malaria eradication in Assam

3103. SHRI URKHAO GWRA BRAHMA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Malaria Eradication Programme in Assam is a failure in respect of preventive and precautionary measures;

(b) if so, what are Government's reactions and further actions in this regard;

(c) whether it is a fact that doctors are unwilling to serve in the rural areas and Government are also failing to send them despite the strong guidelines; and

(d) if so, the steps taken to that regard?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) and (b) The incidence of malaria has declined from 76570 cases in the year 2003 to 67885 during 2005. However, during the year 2006, 86652 cases have been reported up to 31.7.2006 in the State of Assam. Due to shortage of the Male Health Workers, the malaria surveillance in the State has been affected and needs to be geared up.

The Government of India is implementing activities related to prevention and control of malaria in the country including the State of Assam under the umbrella of the National Vector Borne Disease Control Programme. The three-pronged strategies adopted for the control of malaria are as under:—

(i) Disease Management

- Early case detection and complete treatment
- Strengthening of referral services
- Epidemic preparedness and rapid response

(ii) Integrated Vector Management (for Transmission Risk Reduction)

- Indoor Residual Spraying in selected high risk areas
- Use of Insecticide treated bednets
- Use of larvivorous fish
- Anti-larval measures in urban areas including biolarvicides
- Minor environmental engineering

(iii) Supporting Interventions:

- Behaviour Change Communication
- Public-Private Partnership & Inter-sectoral convergence
- Human Resource Development through capacity building
- Operational research including studies on drug resistance and insecticide susceptibility

The Government of India provides 100% financial assistance to meet the operational cost of implementation of the programme and commodity support to State of Assam since year 1994. The anti-malarial drugs and DDT for Indoor Residual Spray are supplied to the Government of Assam as per technical requirement of the State.

The State of Assam is also being provided additional support under Global Fund for AIDS, Tuberculosis and Malaria (GFATM) supported 'Intensified Malaria Control Project' since July, 2005 to augment anti-malaria activities such as awareness generation, training of Community Volunteers,treatment of bednets with insecticide, distribution of bednets to people living Below Poverty Line (BPL) and Sulphadoxine Pyremethamine-Artesunate Combination Therapy (SP-ACT) for fever cases and drug resistance areas, treatment of severe and complicated malaria cases with arteether injection, enhancing diagnostic capability in the remote and inaccessible areas by supply of rapid diagnostic kits. The Directorate of National Vector Borne Disease Control Programme is in close touch of the State Government and regularly monitoring the programme and providing feedback to the State for appropriate remedial measures for effective control of malaria.

(c) and (d) Some doctors show reluctance to serve in rural areas but the State Government has been taking all possible steps to ensure that

doctors join duties in rural areas as and when posted. The Government of Assam is also contemplating to introduce incentive and punitive measures to ensure availability of doctors in rural areas.

ICMR meetings with soft drink manufacturers

3104. SHRI S.M. LALJAN BASHA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the ICMR has finalized the standards for sugar content in soft drinks in the country;

(b) whether it is a fact the ICMR had a number of meetings with representatives of multinational soft drink companies;

(c) if so, the details of such meetings;

(d) whether ICMR has refused to invite NGOs agitating against the obesity generating soft drinks; and

(e) the steps proposed to have ICMR conduct proper studies and take a fair stance?

THE MINISTER OF STATE IN THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRIMATI PANABAKA LAKSHMI): (a) ICMR has undertaken a study to detect level of pesticide residues, if any, in sugar samples.

(b) and (c) Indian Council of Medical Research has not organised any meetings with representatives of multinational soft drinks companies so far.

(d) No, this is not correct.

(e) Studies conducted by Indian Council of Medical Research would be based on scientific methodology and would be subject on appropriate peer review.

BIS certification to milk products

3105. SHRIMATI S.G. INDIRA : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that Government have issued a draft notification to amend the Prevention of Food Adulteration Rules, 1955;